

## CHARING CROSS HOSPITAL AND SCHOOL.

The improvements at Charing Cross Hospital, in Agar Street, Strand, opposite the premises of the Association, have followed somewhat the lines taken in the case of the large hospitals with which we have already dealt. Thus the chief addition is the new out-patient and casualty department, opened in 1904, which, though comparatively small, is very well arranged. A block containing six surgical wards, an operating theatre, and a lecture theatre was erected in 1905. In 1902 a new nurses' home and isolation wards were provided. The tiled decorations on the walls of the waiting-room of the out-patient department are uncommon, and certainly add to the pleasantness of the room, while those of one of the female surgical wards are quite worth inspection.

## THE INTERNATIONAL OPIUM COMMISSION.\*

REFERENCES to this commission, founded on telegrams, have already appeared in the JOURNAL, and the printed report has now reached this country. The commission, under the presidency of Bishop BRENT of the Philippine Islands, sat at Shanghai from February 1st to February 26th, 1909, the following countries being represented by delegations: Austria, China, France, Germany, Great Britain, Italy, Japan, Portugal, Russia, and Siam. The British delegates were Sir Cecil Clementi Smith, Sir Alexander Hosie, Mr. W. L. M. King (Canada), Mr. Brunyate (India), and Mr. Robert Laidlaw, M.P. The report consists of two volumes: (1) The Proceedings of the Commission (85 foolscap pages and a summary in French); (2) The Reports presented to the Commission by the delegations from the various countries, which furnish the data on which the discussions were based (372 pages). China, Japan, and America, whose delegations contained each one medical expert, wished to appoint a committee to investigate the medical and scientific aspects of the question, but the proposal was negatived by the other countries, and there is therefore no medical report, although the reports of the various delegations contain much that is of interest to the profession. A great many data have been collected with regard to the opium habit as exhibited by large aggregates of people. The Japanese report is a really scientific exposition, which has evidently been revised, if not written, by a medical man thoroughly imbued with modern scientific methods. We therefore give it the first place.

## THE JAPANESE REPORT.

In Japan there is, fortunately, no opium question, as the Government recognized the dangers and has converted all branches of the opium trade into a Government monopoly, with the result that opium and morphine can be obtained for bona fide medical use, and for that alone. In Formosa, however, the Japanese were met with a serious opium evil when, in 1895, they annexed the island. There was more or less open insurrection, and any attempt to suppress the habit entirely would have made things much worse, so the policy of gradual suppression was adopted, and the following measures enforced:

1. Absolute prohibition of poppy cultivation.
2. A Government monopoly, to include the importation of opium, its preparation into a smoking preparation (chandu), and its retail sale.
3. In order to prevent the development of fresh opium consumers the sale of opium was prohibited to all except licensed smokers.

The licence was only issued if a Government physician certified after an examination that the applicant was a confirmed smoker. The registration was only completed in 1900, when 169,064 smokers were enrolled; the registers were then closed. After a few years it was found that many "secret smokers" had acquired the habit, and the register had to be reopened to these, who numbered in 1904-5, 30,543, and again in 1908, 15,849. In spite of these additions there has been a net decrease of nearly 8,000 per annum (average of ten years), due to death (mortality-rate of 52.05 per 1,000, twice that for the rest of the island), or

to abandonment of the habit (12.54 per 1,000), representing either voluntary suspension of the habit, "cure" in a hospital, or "cure" through imprisonment.

*Distribution of the Habit.*

The total population in 1905 was 3,039,571, most of whom were Formosan Chinese, who furnish the bulk of the smokers. Of all the males, 6.64 per cent. are smokers, and to every 100 male smokers there were 13.4 female smokers. The vast majority were married people, and widows or widowers. The delegation explained this as an index of the fact that smoking is too expensive for the man who cannot afford a wife.

The *age distribution* is given in an elaborate table. It is similar for both males and females, so that it is necessary to give only the percentage of the male population at the different age-periods who are chronic smokers. Under the age of 20 it is 0.03 per cent.; from 21 to 30, 3.35 per cent.; from 31 to 40, 14.37 per cent.; from 41 to 50, 22.5 per cent.; from 51 to 60, 22.10 per cent.; from 61 to 70, 17.01 per cent.

The *effect of occupation* is interesting, as by far the greatest percentages are found in the cultured classes (public services and liberal professions, 39.81 per cent. of total), whilst the poorest classes, as represented by the agricultural classes, show only 2.21 per cent.

The retail dealers of chandu are all Chinese of good character, but nevertheless there has been difficulty in regard to adulteration. They receive as commission 1½ per cent. of the sale price.

*Difficulties in Administration.*

The difficulties which have been encountered are classified under three heads:

1. *Temptations* which cause a non-smoker to acquire the habit. Careful inquiries were made as to the reasons why secret smokers detected in 1904 and 1908 took to smoking. No fewer than 93 per cent. alleged that they had first used the drug as a medicine. It seems that in China opium is a popular "cure-all," and disinclination to pay for medical treatment, even when obtainable, leads to opium, which relieves the symptoms.

2. *Anti-opium pills* were also a serious problem, as they were all found to contain opium. The habitual smoker is tempted to substitute them for his cumbrous pipe when travelling, and the man who wishes to relinquish the habit may be deluded into taking them. The pill habit is more injurious than smoking, and those detected in it have been compelled to adopt smoking in place of it. Morphine has been the source of a similar difficulty, as by its injection the effects of opium can be obtained in the cheapest possible manner. The importation and sale of both morphine and the pills have been stopped, and there is now less difficulty on this score.

3. *The opium "dross"* which remains in the pipe still contains a large proportion of the opium, and attempts are made to convert it into chandu or pills. In some districts the police visit the smokers and collect all the dross, which is then destroyed.

*Offences.*

The majority of the offences connected with opium are naturally due to secret smoking; but others, as smuggling, reboiling dross, and secret preparation of chandu and opium pills, account for some of the 2,000 prosecutions instituted every year. During ten years 6.73 per cent. of all suicides were due to opium taken as a poison.

*Treatment of Chronic Smokers.*

There are numerous hospitals which admit patients for treatment of the habit, or treat patients for it who have been admitted for other diseases. The most common treatment has been by gradual withdrawal of the drug, but "this can hardly be considered a satisfactory treatment." More recently heroin has been used with apparent success, but not in a sufficient number of cases to justify any strong statement on the matter. In one hospital 89 out of 521 cases are said to have abandoned the habit.

*Quantity of Opium Imported.*

The weight of opium imported averaged for ten years 332,456 lb. per annum. There was a great drop in 1901 and 1902, and since then there has been a slight rise. This rise is probably not due to an increase in the evil,

\* Report of the International Opium Commission, Shanghai, China. Vol. i, Report of the Proceedings, pp. 117. Vol. ii, Reports of the Delegations, pp. 372, map and tables. Published in England by P. S. King and Son, London.

although those who take opium gradually increase the dose when they can afford it. In the years 1901 and 1902 there was a great deal of smuggling, which has since been prevented. In these years there was also another very interesting phenomenon—a religious sect arose which professed to be able to cure the habit by incantation before the altars of the god Kuanti. Those who “took this cure” found their craving return. They dare not smoke for fear that the god would strike them dead, so they took to pills and morphine. A fortunate few were cured of the habit, but most of them were driven by superstition into a worse condition than before. The Japanese do not welcome this new form of “Christian Science.”

#### *Average Daily Consumption.*

The ten years' daily average of chandu for each smoker worked out at 3 534 grams. In different individuals it varied from 1.1 to 50 grams. Powdered opium and morphine have already been mentioned. Their use has been suppressed.

#### *Public Opinion.*

The popular attitude was at first one of hostility towards the Japanese, who were suspected of being desirous of immediate suppression, but when it was seen that those incapable of giving up the habit were to be allowed to smoke for medical reasons the attitude changed, until at present by means of various educational measures there has been cultivated a strong public opinion against the habit.

#### *Revenue.*

At first the revenue derived from opium represented 27.9 per cent. of the total revenue, but now, in consequence of the increase in other sources of revenue, it only represents 12.6 per cent. Of this most is spent on the factory, so that the net revenue to the State is only about 1,000,000 yen per annum.

#### *REPORT OF THE CHINESE DELEGATION.*

The statistics in this report are of very little value. They were challenged by the British delegates, with the result that the Chinese delegation has represented to the Government the necessity of obtaining more reliable data. The figures dealing with the growth of the poppy and the consumption of opium are, as a rule, nothing more than rough estimates or mere expressions of opinion. Great Britain has agreed to diminish the export of opium from India by 5,100 chests a year, so that in ten years the exports to China will vanish. The maintenance of this reduction is, however, contingent on the Chinese Government diminishing the growth of the poppy in China by a corresponding amount every year. The Chinese must also make similar agreements with other nations which at present export opium to China.

#### *Gradual Suppression in China.*

The edicts which have been published vary slightly in the different provinces, but the chief features are the same in all. They are:

1. All smokers are to be licensed, and no new licenses are to be issued. All smokers under the age of 60 are to diminish their consumption by 20 to 30 per cent. yearly, and in ten years all smoking is to be prohibited.
  2. All shops which retail opium are to be licensed, and no new ones opened.
  3. All Government officials under the age of 60 are to give up the habit as an example to others, being allowed only six months to do so.
  4. Cultivation of the poppy is to be restricted by at least one-tenth a year.
  5. The sale of morphine and of hypodermic appliances is strictly prohibited. The penalty being decapitation.
- The amount of opium imported is stated to be from 56,000 to 72,000 piculs (6,346,666 lb. to 8,160,000 lb.). As there is much smuggling, these figures from the Customs cannot be accepted as accurate. It is stated that 95 per cent. of the imported opium is derived from India.

#### *Native Opium.*

The poppy forms a winter crop in the south and a summer crop in the north. It is three to four times as profitable as any cereal crop, although more risky. The total production in 1905 was 584,800 piculs, and it is

claimed that the preventive measures have lowered it to 367,250 piculs in 1908. The evidence on which these figures are based is given in considerable detail, but the Chinese Commissioner admitted that “they would not satisfy a Western statistical society.” It seems to consist of little more than a series of guesses. Thus, on page 59 we read: “As the province of Yunnan reports a decrease since 1906 of 50 per cent. in the production of opium, the inference is to be drawn that the [neighbouring] provinces of Shensi, Kansu, and Czechwan have likewise reduced their output. The estimates for 1908 have, therefore, been reduced, roughly, one-third of the figures for 1906.”

#### *Smoking.*

Here again the figures are very inaccurate, and little more than guesses. The different estimates of the percentage of smokers in the general population vary for the same locality between 20 and 75 per cent. As there is a very strong public opinion in China on the smoking problem, it is quite probable that there has been a great decrease in smoking, but whether this represents a great improvement, or the reverse, cannot be determined with certainty, as there is a very large but illicit trade in morphine and the so-called anti-opium remedies. The anti opium pills all contain opium or morphine, and it is generally recognized that the pill habit is worse than the smoking habit. Morphine, used hypodermically, has also been substituted for smoking, because it is cheaper and more convenient. The report states:

The use of morphine is on the increase. For this the anti-opium crusade is partly responsible. Many smokers honestly desirous of breaking the habit have been deluded into believing that morphine would free them from the yoke; others, intimidated and hampered by official restrictions, have only substituted one vice for the other, whilst many coolies resort to it on the ground of economy and convenience (p. 67).

The importation and sale of morphine (except for medical purposes) is prohibited. Its open sale for illegitimate purposes is punished by decapitation, yet it may be obtained in many parts of China with the greatest ease. In some places the price of morphine is less than the sum of its wholesale price in Japan plus the duty. This shows the enormous quantities which must be smuggled. The same fact is also shown by the fact that, although in Foochow no morphine has been declared at the Customs, yet it is sold in at least thirty shops, and some of these shops are known to have a stock of at least 1,000 oz. It gets into the country by the post; it is smuggled by returning emigrants, who invest their savings in the drug; it is smuggled over the Manchurian land frontier; it is sold in the foreign settlements. It is said that most of it comes from Japan, but all nations seem to help in this clandestine but remunerative traffic. The Chinaman is such an expert smuggler, and the drug is so easy to conceal, that all repressive measures have failed. It is also impossible to get accurate statistics of the prevalence of the habit. Thus:

All the reports to the Swatow Commissioner are unanimous in declaring that no morphine is used; but medical officers of the port assert that in every batch of emigrants examined by them, there are about 10 per cent. who bear the marks of hypodermic needles.

#### *AMERICAN REPORT.*

The opium question in the Western States has long been a serious problem, especially when it was known that although the Chinese population was stationary, yet there was a constant increase in the opium importations. High tariffs only caused increased smuggling. There is no space to give here the statistics gathered by the delegation. The United States has recently passed an Act which absolutely prohibits the importation of opium except such as can be guaranteed for medical use alone. An excessive importation of such opium will not be permitted. There has been a good deal of smuggling of chandu prepared in Canada by Chinese, but as Canada has also passed a similar law, it is to be hoped that this will be stopped.

The report contains some interesting information on the subject of the opium habit in the white population. It is calculated that more opium is imported than can be accounted for by the Chinese population. The inference was that whites were taking to the habit.

The following startling statistics are said to have been collected from twenty-five large cities, but exact details are not given as to their origin:

Of prisoners in large gaols, 5.6 per cent.; of the general criminal population, 15.4 per cent.; of prostitutes and their parasites, 21.6 per cent.; of doctors, 2.06 per cent.; of trained nurses, 1.32 per cent.; and of the general population 0.18 per cent., are habitués of morphine or opium.

The regulations for the sale of morphine differ somewhat in the different States. In Georgia there is a "Narcotic Law" which prohibits the sale of morphine and other narcotics (except in very small quantities) without the production of a medical prescription, which must be retained and filed by the druggist and not repeated.

*Philippines.*—Chinese exclusion is enforced. The smokers existing when the Americans annexed the island were licensed (each for a definite daily quantity); then the tariff was raised and the quantity allowed to each licensee was diminished gradually until importation was prohibited and smoking made illegal. There is still some secret smoking, but the price of smuggled opium is so high that only the rich can afford the luxury. Smuggling is at present the most serious problem because the Customs service is not efficient enough for this purpose, and because "there is a vast amount of floating opium which is moving about the Pacific in readiness to be poured into the Philippines." The American Government desire some international arrangements for keeping an eye upon the movements of opium.

#### GERMAN CHINA.

In Kiachow the cultivation of the poppy is prohibited. There is a heavy duty on all imported opium. Divans must be registered, and must keep a register of sales. All dealers in opium must have a special licence. Those who wish to smoke at home must have a licence for each lamp. There are heavy penalties for smuggling. The preparation of chandu is a monopoly farmed to a Chinese firm. The importation of opium has increased from 108 piculs in 1904 to 143 in 1907.

#### FRENCH INDO-CHINA.

There is very little poppy cultivation. The importation of opium and the preparation and sale of chandu are all under a Government monopoly, or *régie*. Smokers are licensed. In some parts there are also licensed divans. Government employees are not allowed to smoke. The great source of difficulty is the extensive land frontier marching with some of the largest opium-producing provinces of China.

#### SIAM.

The poppy is not cultivated. All chandu is prepared and sold by the Government *régie*. A policy of gradual suppression is being followed, and the registration of smokers and the provision of special hospitals is under consideration. There are at present no difficulties due to the use of morphine.

#### NETHERLANDS INDIA.

In most of the Dutch possessions the whole traffic is under a *régie*, which makes the chandu and sells it through salaried Government servants. One of its measures seems to be unique. All official chandu is mixed with some secret substance, which can be identified either in the dross or in any suspected opium found in cases of suspected smuggling. As the *régie* buys back the dross from the smokers the use of smuggled opium can be traced.

#### BRITISH POSSESSIONS.

In Hong Kong the preparation and sale of chandu are farmed to a farmer whose use of opium is restricted to five chests a day. As he has never used more than 864 chests a year, this restriction is not effective to prevent him pushing the sale far beyond its present limits. Divans were licensed, but since the report was published it has been decided to close them. There are numerous regulations designed to prevent the smuggling of opium into China. These are said, by the Chinese delegations, to have had a good effect.

In Wei-hai-Wei and the Federated Malay States the business is likewise farmed.

#### India.

Here we come to the root of the question, as we have both production and consumption, whilst in Burma we have the smoking problem.

*Production.*—(a) In the districts under direct British control all poppy cultivation and manufacture is directly under Government. There are about 1,500,000 native cultivators, who must sell all their product to the Government. The acreage to be put under cultivation is decreed by Government, and has already been decreased in view of the Chinese agreement. The manufactured opium is sold by public auction, and must be stored in bonded warehouses before exportation (to prevent smuggling into India and Burma). (b) The Native States produce the "Malwa" opium. The acreage is not known exactly, but the quantity exported is strictly regulated by the Government. For transit on British lines it pays a "pass duty." The Native States are allowed a fixed percentage of the total exports, and this introduces a serious problem. The Malwa opium is stored in order to mature. The result is that in these States there is almost sufficient opium at present in storage to supply their share of the export for ten years, so that when export to China is prohibited they will, unless they almost immediately cease production, have on their hands a large supply of opium for which there will be no licit outlet. Some of the native States have stopped cultivation and buy their opium from the British Government, as by this means they can collect the revenue more conveniently. These States are at liberty to recommence cultivation by giving twelve months' notice. The net revenue from opium varies from 3 to 4 million sterling a year. In addition to this must be noted the expenditure on employment for the natives of India, which amounts to about 2 or 3 million; these figures are not given clearly enough to show accurately the loss which the cultivators would suffer from prohibition. In addition to the above about another million is derived from the internal consumption of opium, chiefly in Burma.

*Consumption.*—Outside Burma smoking is prohibited, and eating is the common mode of consumption. The Excise restrictions consist of licensing the shops for retail trade and limiting the supply which an individual may possess. A licensed shopkeeper may not take goods in exchange, may not keep open between 9.30 p.m. and sunrise, allow eating in the shop, or allow gambling. The average consumption by eaters cannot be accurately given, but it has been estimated to be (in towns) from 21 to 27 grains a day; but the consumption varies in different districts. In Central India there is a prevalent practice of giving minute doses to infants. The drug is also largely used as a substitute for proper medical treatment, which is practically unobtainable in many parts.

In Burma there are three rules: (1) In Upper Burma no Burman may possess opium except for bona fide medical use. (2) In Lower Burma the native Burman may be registered when he ranks with (3) the non-Burman population—Chinese and Indians—who in either province may when registered possess opium and smoke. This policy dates from 1893, when the register was made. As in the case of Japan, it was found necessary to reopen the register for the admission of secret smokers. There is a limit to the quantity which any licensee may have in his possession (usually 54 grains). Shops for retail are licensed, and during the time they are open there must be a Government inspector present who sees that there are no infractions of the rules. The shops are open from 10 a.m. to 4 p.m. At one time restriction was attempted, with, at first, a delusory appearance of success. The ultimate result was failure.

The attempt to restrict consumption was gradually breaking down. The registered consumers were too far from the shops to obtain their supplies in a regular manner; there were also unregistered consumers, probably ten times as numerous, whom the prohibition policy was converting into an outlaw class; opium smuggling was rife, and opium could be obtained in almost every village even when there was no shop in the district (p. 188).

In 1904 some of the regulations were relaxed and the excise strengthened, resulting in the immediate increase of licit consumption. One difficulty here has been the "hawking" of opium by licensed consumers to secret smokers. It is difficult to get reliable statistics as to whether there has been any improvement. It has been

noticed that the percentage of prisoners who are opium victims has decreased from 23.3 per cent. to 12.12 per cent.

*Morphine.*—There is no very accurate information on this subject, but it is certain that there are some localities where it is very prevalent, especially the large towns. In the country the use of cocaine has spread more rapidly than that of morphine and the measures to suppress both have only been partially successful. It is interesting to note that it is not abuse of the drug licenses which is responsible for illicit sale here, but smuggling, mainly through the post.

The above is a summary of the evidence brought before the Commission.

#### RESOLUTIONS.

The following are the resolutions as adopted, in their revised form :

1. That the International Opium Commission recognizes the unswerving sincerity of the Government of China in their efforts to eradicate the production and consumption of opium throughout the Empire; the increasing body of public opinion among their own subjects by which these efforts are being supported; and the real, though unequal, progress already made in a task which is one of the greatest magnitude.

2. That in view of the action taken by the Government of China in suppressing the practice of opium smoking, and by other Governments to the same end, the International Opium Commission recommends that each delegation concerned move its own Government to take measures for the gradual suppression of the practice of opium smoking in its own territories and possessions, with due regard to the varying circumstances of each country concerned.

3. That the International Opium Commission finds that the use of opium in any form otherwise than for medical purposes is held by almost every participating country to be a matter for prohibition or for careful regulation; and that each country in the administration of its system of regulation purports to be aiming, as opportunity offers, at progressively increasing stringency. In recording these conclusions the International Opium Commission recognizes the wide variations between the conditions prevailing in the different countries, but it would urge on the attention of the Governments concerned the desirability of a re-examination of their systems of regulation in the light of the experience of other countries dealing with the same problem.

4. That the International Opium Commission finds that each Government represented has strict laws which are aimed directly or indirectly to prevent the smuggling of opium, its alkaloids, derivatives, and preparations into their respective territories; in the judgement of the International Opium Commission it is also the duty of all countries to adopt reasonable measures to prevent at ports of departure the shipment of opium, its alkaloids, derivatives, and preparations, to any country which prohibits the entry of any opium, its alkaloids, derivatives, and preparations.

5. That the International Opium Commission finds that the unrestricted manufacture, sale, and distribution of morphine already constitute a grave danger, and that the morphine habit shows signs of spreading: the International Opium Commission, therefore, desires to urge strongly on all Governments that it is highly important that drastic measures should be taken by each Government in its own territories and possessions to control the manufacture, sale, and distribution of this drug, and also of such other derivatives of opium as may appear on scientific inquiry to be liable to similar abuse and productive of like ill effects.

6. That as the International Opium Commission is not constituted in such a manner as to permit the investigation from a scientific point of view of anti-opium remedies and of the properties and effects of opium and its products, but deems such investigation to be of the highest importance, the International Opium Commission desires that each delegation shall recommend this branch of the subject to its own Government for such action as that Government may think necessary.

7. That the International Opium Commission strongly urges all Governments possessing concessions or settlements in China, which have not yet taken effective action

toward the closing of opium divans in the said concessions and settlements, to take steps to that end, as soon as they may deem it possible, on the lines already adopted by several Governments.

8. That the International Opium Commission recommends strongly that each delegation move its Government to enter into negotiations with the Chinese Government with a view to effective and prompt measures being taken in the various foreign concessions and settlements in China for the prohibition of the trade and manufacture of such anti-opium remedies as contain opium or its derivatives.

9. That the International Opium Commission recommends that each delegation move its Government to apply its pharmacy laws to its subjects in the consular districts, concessions, and settlements in China.

#### RECENT ACTION IN CHINA.

Dispatches from the British Ambassador in Peking, forwarding reports respecting the opium question in China, have just been issued by the Foreign Office.\*

The first dispatch, dated October 21st, 1909, covers a general report on the opium question in China, by Mr. Max Müller, Councillor to the British Legation in Peking. Sir J. Jordan points out that the report affords evidence that considerable progress continues to be made in the task which the Chinese Government undertook three years ago, and that there has undoubtedly been a very sensible diminution in the consumption and cultivation of opium, while a public opinion has been formed which will greatly strengthen the hands of the Government and the provincial authorities in the drastic measures which they contemplate taking in the near future. Total prohibition within a measurable time is, the Ambassador adds, undoubtedly the policy which finds favour at the moment, and considering the conditions of the country and the difficulty in verifying the progress of gradual reduction, it is perhaps the best method of dealing with the problem. That the end, however, is so near as many of the official pronouncements would seem to indicate is, it is said, very doubtful. Full and reliable information has been obtained about two only of the provinces—Shansi and Yunnan, in both of which much good work has been done. At the opposite extreme stand Shensi, Kansu, Hupei, and Szechuan, in all of which comparatively little has been accomplished to check either the consumption or cultivation of the drug.

In Szechuan, where roughly one-half of the entire supply of native opium in China has hitherto been produced, Mr. Max Müller states that there is good evidence that a large reduction in the area of cultivation was effected in 1908, and that there was some further reduction in 1909. The Viceroy has issued a proclamation forbidding the sowing of any opium this autumn, and Mr. Max Müller considers that the effect of this proclamation will certainly be to diminish the area under poppy cultivation still further, and that although it may not in such a vast province, owing to the laxity and venality of subordinate officials, produce immediately the desired result, there seems to be every chance that opium may not be grown on a large scale throughout the province in a year or two.

In a dispatch dated October 25th, 1909, transmitting a memorandum by Mr. Sly, acting consul at Chungking, as to the progress of the movement for the suppression of opium in the eastern portion of the Province of Szechuan, Sir J. Jordan summarizes Mr. Sly's report by stating that it confirms Mr. Max Müller's opinion that in this part of the province there had been no progress; in some districts no steps had been taken towards suppressing the cultivation of opium, and in some there had been an actual increase in the amount grown last year. With regard to the proclamation totally forbidding the cultivation of opium in the province, Mr. Sly quotes the opinion of a Chinaman who has given some thought to the matter, to the effect that the cause of opium reform in the province rests very largely on the adequacy or otherwise of the measures now taken. He holds that the total prohibition of cultivation is the only effective measure, and that if the area under

\*Dispatches from His Majesty's Minister at Peking, forwarding Reports respecting the Opium Question in China. [Cd. 4,967.] (London: Wyman and Sons; Edinburgh: Oliver and Boyd; Dublin: E. Ponsonby.) 5½d.

poppy is reduced 70 or 80 per cent. during this winter, and if there be no relaxation thereof, success will be attained, but that if there is to be further vacillation and laxity on the part of the officials failure will threaten.

#### *Anti-opium Pills.*

Mr. Max Müller gives some interesting information supplied to him by Dr. Gray, the physician of the British Legation, Peking, who is also in charge of a hospital where large numbers of Chinese addicted to the drug are treated.

Dr. Gray's experience leads him to conclude that about eight-tenths of the officials and three-tenths of the people have stopped smoking. The former, however, being subject to periodical examination, often stop for a short time, and then relapse into their old ways. Among the officers of the army the habit has been entirely abandoned. It is now very difficult to purchase opium in Peking illicitly. The shops are licensed, and the purchaser must be provided with a licence. The licence ticket costs 10 cents, and is available for three months. After that period the licence has to be renewed, and at each renewal the daily amount purchasable is reduced. Though opium dens are forbidden, a considerable number are still open clandestinely—perhaps about half as many as were open eighteen months ago. From time to time the native newspapers mention raids made by the police on such secret dens, the penalty inflicted on the owners averaging a fine of \$15, or a month's imprisonment with hard labour. The price of opium has increased greatly, in the case of foreign opium by 50 per cent.; while the price of native opium, which comes chiefly from Shansi and Kansu, has doubled. Opium pipes are difficult to obtain openly, though they can still be bought secretly.

Unfortunately a great deal of opium is now consumed in the form of anti-opium pills. After a large number of inquiries extending over a period of several months, Dr. Gray places the number of habitual anti-opium pill takers at between one-half and three-quarters of the former total of opium smokers. This means that the manner of taking opium has merely been changed, but for a form apparently less baneful—that is to say, a man can satisfy his narcotic craving in a way that does not stupefy him or curtail his working hours. When the anti-opium edicts were issued, a large number of smokers who left off opium took to hypodermic injections of morphine. But this craze has died down, and Dr. Gray states that for at least six months he had not seen a man at the hospital with scars of the needle pricks on the arms. The reason for this diminution is stated to be the great difficulty of procuring the drug or the injection needles. For those who are willing to pay the cost of this comparatively expensive luxury it can always be got, but Dr. Gray considers that if Peking were compared with other large cities in Europe and America there would be no difficulty in proving that the number of morphomaniacs in certain other cities is immeasurably greater.

#### BRITISH MEDICAL BENEVOLENT FUND.

At the December meeting of the Committee twenty cases were considered and grants amounting to £182 made to seventeen of the applicants, two cases being passed over and one postponed for further inquiry. Appended is an abstract of the cases assisted:

Widow, aged 66, of M.R.C.S., L.S.A. Practically unprovided for at recent death of husband, and children only able to give very slight and irregular assistance. Voted £12.

M.D.Edin., aged 68. Used to have a large practice in Scotland, but lost his savings by becoming security for relations. Now suffers from an incurable complaint. Voted £10 in two instalments, with leave to apply again in six months.

Daughter, aged 54, of late M.R.C.S., L.S.A. Has exhausted small capital in the attempt to support herself by keeping a lodging house, and is now penniless and in arrears with her rent. Voted £12.

Widow, aged 38, of late M.D.R.U.I. Quite unprovided for at husband's death about a year ago, and is endeavouring to obtain a post to which she can take her only child, aged 9 months. Voted £10.

Widow, aged 64, of L.R.C.P., L.R.C.S.Edin. Permanently incapacitated by the results of rheumatism, and dependent on a sister who is a teacher. No children. Voted £12.

M.R.C.S., aged 81. Practised for forty-four years in one place in the south-west of England, but was obliged to give up

on account of the infirmities of age. Only income a small Poor Law superannuation allowance. Children unable to help. Voted £12.

Widow, aged 74, of M.R.C.S., L.S.A., whose capital was exhausted by an illness lasting many years. Only income an old-age pension of 5s. per week. Relieved once, £12. Voted £12.

Widow, aged 44, of L.R.C.P., L.R.C.S.Edin. Is a permanent invalid. No income; children only able to give very slight and irregular help. Relieved fourteen times, £160. Voted £12.

Widow, aged 50, of L.F.P.S.Glasg. Is physically unfitted for hard work, and dependent on children who are barely self-supporting. Relieved six times, £58. Voted £12.

Widow, aged 48, of M.R.C.S. Quite unprovided for at husband's death a year ago after a long illness; is endeavouring to establish a boarding house. No children. Voted £10.

Widow, aged 45, of L.R.C.P., L.R.C.S.Irel. Husband's savings exhausted by a long illness. Is employed as a parish nurse but only receives a very poor salary. Relieved three times, £15. Voted £5.

Daughter, aged 63, of late M.R.C.S. For twenty-eight years acted as a companion, but was obliged to give up work on account of failing eyesight and other infirmities. Is dependent on this fund and a little occasional help from friends. Relieved five times, £60. Voted £12.

Widow, aged 65, of M.R.C.S.Eng., L.R.C.S.Edin. Income £20 a year from a small house which is frequently unlet. No children. Health indifferent. Relieved ten times, £114. Voted £12.

Widow, aged 39, of L.R.C.P.Lond. Supported herself as a working housekeeper for some years but developed phthisis, and is now quite broken down, and only fit to go to a sanatorium. Relieved twice, £10. Voted £10, with leave to apply again in six months if necessary.

Daughter, aged 62, of late M.D.Edin. Maintained herself as a governess or companion until five years ago, but was then obliged to give up in order to attend to an elder sister who is a permanent invalid. Only income, £10 a year from a friend. Relieved four times, £48. Voted £12.

Widow, aged 70, of L.F.P.S.Glas. After husband's death obtained employment as a nurse for several years, but is now incapacitated by the infirmities of age. No income, and dependent on two daughters who can ill afford to help. Relieved once, £12. Voted £12.

Daughter, aged 32, of late M.R.C.S., L.R.C.P. Quite unprovided for at death of father a year ago. Has a post as useful companion, but requires a little help for unavoidable expenses. Relieved once, £8. Voted £5.

Contributions may be sent to the Honorary Treasurer, Dr. Samuel West, 15, Wimpole Street, W.

#### LITERARY NOTES.

THE January number of the *Cornhill Magazine* commemorates the jubilee of that most interesting of our monthly periodicals. Founded in 1860, with Thackeray as its editor, it has maintained throughout the fifty years of its existence the high level of literary excellence on which it started. The present number contains what is virtually a history of the fortunes of the magazine under its several editors—Thackeray, Leslie Stephen, and James Payn—with reminiscences by Mr. Stanley Weyman, Mr. W. E. Norris, and other contributors. Among the varied contents not the least interesting and curious is a proof-sheet of a story corrected by Thackeray, showing us the editor at work with his erasing finger. He took the trouble to write a new ending, which, we are sorry to say, we do not think an improvement on the original—in fact, the great novelist appears to us to have missed the point of the story. To prevent misconception we hasten to say that the person who ventures to express this perhaps rash opinion is not the writer of the story, which, by the way—notwithstanding all the trouble taken with it by the editor—never saw the light. One of the earliest contributors to the *Cornhill* was Sir Henry Thompson, who wrote an article entitled "Under Chloroform." Thackeray lost the manuscript, and the manner in which he conveyed to the author the joyful tidings of its recovery is amusing: "Hurrah! I have found your leg." The article was a description of an amputation through the thigh; it was intended to illustrate the benefits of anaesthesia, but incidentally it gives a picture of an amputation in pre-Listerian days. No mention is made of drainage, and no hint of any precautions to ensure the most elementary cleanliness on the part of the surgeon, his assistants, dressers, nurses, or patient, is given.

In a report of the meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, held on June 10th, 1909, which appeared in the *JOURNAL* of July 3rd, 1909, p. 19, it was stated that a paper on "chorion-